

CONTRACTORS REPORT OF CONSTRUCTION WAGE RATES

Statutory Authority: Sections DWD 290.015 Wisconsin Administrative Code.

The filing of this information is voluntary.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes]

Remember to SIGN the report

(1) Contractor Name			
Street Address	City	State	Zip Code
(2) Project Name			
(3) Project Location			
City, Village or Township of		County of	
(4) Entire Project Description			
(5) Nature of Work to be Performed by Contractor Indicated in Item (1)			
(6) Type of Construction		(7) If Residential, Indicate Number of:	
<input type="checkbox"/> Agricultural <input type="checkbox"/> Building <input type="checkbox"/> Residential <input type="checkbox"/> Heavy		Stories Units	
(8) Estimated Cost of Entire Project		(9) Estimated Cost of Contractor's Portion of Project	
\$		\$	

Enter the following information for work performed to date by employees of the contractor indicated in Item 1). Do not include data for employees that are enrolled in an approved apprenticeship or informal training program. All footnotes are explained at the end of this report.

(10) Date Construction Began		(11) Actual or Estimated Completion Date		(12) Percentage Completed to Date				
(13) Classification of Employee <u>1/</u>	(14) Largest Number Employed <u>2/</u>	(15) Hours Worked <u>3/</u>	(16) Hourly Basic Rate of Pay	(17) Additional Employer Paid Fringe Benefit Contributions <u>4/</u>				
				A.	B.	C.	D.	E.
				Health and Welfare	Vacation and Holiday	Pension	Apprenticeship and/or Training	Other (Specify)
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$

(18) If the contractor indicated in Item (1) employed any subcontractors on this project, enter their name, address and the type of work they performed (exclude commercial producers or material supplier unless they performed work on the site of the project).

Name	Address	Type of Work

(19) Do the wage rates and fringe benefit contributions indicated on the front of this report reflect the “normal” hourly basic rate of pay and additional employer paid fringe benefits paid by the contractor listed in (1)?
☐ Yes ☐ No. If “No”, please explain in Item 20.

(20) Enter any comments regarding this report in the space provided

I hereby state that the information contained in this report is true and correct according to my information and belief. The willful falsification of information may result in civil or criminal prosecution. See Chapter 103, Wisconsin Statutes for details.

Employer, Local Union, Employer’s Association or Governmental Agency that the person signing represents Name

Street Address	City	State	Zip Code	Telephone Number
Representative Name		Position or Title		
Signature				Date Signed

- 1/ Classification of Employee - Indicate the trade or occupation of each employee that most nearly conforms to the classification by which prevailing wage rates are determined (Bricklayer, Carpenter, etc.). If the same classification has several employees employed at several different wage rates, use one line for each different rate paid. Do not give a pay range. If pay is based on piecework, convert it to an hourly cash equivalent of pay for each employee.
- 2/ Largest Number Employed - Enter the largest number of employees of this classification that worked to date on the project.
- 3/ Hours Worked - Enter the actual or estimated total of hours worked to date by each classification employed on the project.
- 4/ Additional Employer Paid Fringe Benefit Contributions - Enter the hourly cost of any bona fide fringe benefit provided for each classification listed under item (16). If you are unable to determine such hourly cost, enter whatever information you can in Item (20). Fringe benefits are bona fide only when the employer is not required by federal, state or local law to provide the benefits and normally include such items as life and health insurance, pension, vacation pay, holiday pay, and apprenticeship or training contributions.

Return the completed and signed report to:

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
EQUAL RIGHTS DIVISION
LABOR STANDARDS BUREAU
PO BOX 8928
MADISON WI 53708
Telephone: (608) 266-6860

Website: <http://dwd.wisconsin.gov/er/>